



Muzzleloading

Everyone in grades 3-12 is welcome!

\$15 annual 4-H program fee plus \$15 discipline fee
due at time of registration.

Youth will become a 4-H member upon payment.

Learn About:

- The programs teach safe handling of firearms, proper use of equipment, shooting techniques and ethics of good shooters.
- Instructors are certified through the Indiana 4-H Shooting Sports Program of Purdue University and the Indiana Department of Natural Resources.
- Materials, Ammunition and equipment furnished.
- Parent or guardian please plan to stay for the entire first meeting.

Register by April 9. Space is Limited!

Workshop must have a minimum of 3
registrations and a maximum of 8.

Complete reverse side and send with payment
to:

Allen County 4-H Clubs, Inc
4001 Crescent Ave
Fort Wayne IN 46815
Make checks payable to
Allen County 4-H Clubs

Thanks to: Friends of the NRA for
their 2020 grant in support of the Allen
County 4-H Shooting Sports Program.

Workshop Dates:

Parent and Youth Orientation
Meeting April 15, 2021
6:30 -7:30 pm
at Purdue Extension -Allen
County 4001 Crescent Ave
Fort Wayne IN

Subsequent meetings will be
held Thursday evenings,
April 22, 29 May 6, 13, 20 from
6:30-8:30 pm at 5198 Co Road
68, Spencerville IN.
This program is held outside.

Questions-Call 260.481.6826

A Purdue COVID-19 Safety Plan is in place.

Face Coverings and Social Distancing
will be practiced.



PURDUE
UNIVERSITY

Extension
ALLEN COUNTY

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran. Purdue University is an Affirmative Action institution. This material may be available in alternative formats.

Extension
ADAMSON-H**4-H SPARK Youth Enrollment Form**

(Please Print)

4-H Year 2020- 2021

Family Email:		First Name	
Middle Name		Last Name	
Mailing Address			
City	State	Zip Code	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Gender Identity Not Listed <input type="checkbox"/> Prefer Not To Respond	
Birth Date (mm/dd/yyyy)	Phone ()		
Parent/Guardian 1 Name:	Cell Phone:		
Parent/Guardian 2 Name:	Cell Phone:		
Emergency Contact Name:	Cell Phone:		
Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Race (check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Indian or Alaskan Native <input type="checkbox"/> Prefer Not to State		
Do you Live: (Check one)	<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Town/City 10,000 – 50,000 and its suburbs <input type="checkbox"/> Central city > 50,000 <input type="checkbox"/> Town under 10,000 and non-farm <input type="checkbox"/> Suburb of city > 50,000		
Do you have a parent serving in the military?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, check all that apply	<input type="checkbox"/> Air Force <input type="checkbox"/> Active Duty <input type="checkbox"/> Army <input type="checkbox"/> National Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Reserves <input type="checkbox"/> Marines <input type="checkbox"/> Navy		
School Name:	Grade In School:		

4-H Youth Development Liability Release

I understand that participating in 4-H activities can involve certain risks to my child. Those risks may include injury or harm, including, but not limited to, bodily injury, disability, exposure to COVID-19 and other viruses and or illnesses, and death. During virtual 4-H activities, I understand that program staff are not providing supervision for my child during the online program, and the Released Parties do not have control over the information available through the Internet or other electronic data sources beyond that which is a part of the 4-H activity. On behalf of my child I fully assume the inherent risks associated with my child participating in 4-H activities and assert that my child has chosen to participate in this program with my express approval. I hereby release and discharge Purdue University, The Trustees of Purdue University, the County Commissioners, the County Cooperative Extension Service, and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims which my child or I might have for any injury or harm to my child, arising out of my child's participation in any activity related to the 4-H program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.

☐ We have read and agree to the terms.

Parent/Legal Guardian and Member Statement

I (we) understand, agree to abide by, follow, and comply with the rules, policies and expectations of the 4-H program and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute grounds for sanctions against and/or dismissal of me (us) and/or the member from the program.

☐ We have read and agree to the terms.

Photo Policy Statement

I (we) grant permission to the 4-H Youth Development program to use videos or photographs of my (our) child for educational purposes or promotion of 4-H and/or Purdue Extension programs.

- ☐ I agree to the photo policy statement
☐ I do not agree to the photo policy statement

Member Signature: _____ Date: _____

Adult Signature: _____ Date: _____

Purdue University Cooperative Extension Service is an equal access/equal opportunity institution.

Received Date: _____ Entry Date: _____ Entered By: _____ State 4-H Program Fee Received Date: _____ Payment Type: _____